

## STATEMENT REGARDING INFANT FEEDING

Name of provider or center: \_\_\_\_\_

Name of infant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Each parent must choose one of the following options for his/her infant:

- \_\_\_\_ 1. I decline the provider's offer to supply ( ) iron fortified infant formula for my child. I will supply the formula. I accept the provider's offer to supply other meal components.
- \_\_\_\_ 2. I accept the provider's offer to supply ( ) iron fortified infant formula and other meal components for my child
- \_\_\_\_ 3. I decline the provider's offer to supply infant formula and other meal components for my child. I will supply all food for my child.
- \_\_\_\_ 4. I will supply breast milk for my child. I accept the provider's offer to supply other meal components.
- \_\_\_\_ 5. Other (Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent signature                      Date